



JON M. HUNTSMAN, JR.  
*Governor*

GARY R. HERBERT  
*Lieutenant Governor*

## *Department of Human Services*

LISA-MICHELE CHURCH  
*Executive Director*

### **Division of Services for People with Disabilities**

**GEORGE KELNER Ph.D.**  
***Director***

<DATE>

Dear <Consumername>:

Thank you for making contact with us. We are looking forward to getting to know you. We hope we can help you get the services that you need. We provide services for people with mental retardation, acquired brain injury, and physical disabilities.

We have enclosed a "Request for Determination of Eligibility for Services" form with this letter. Please fill out this form as completely as possible. Be sure to sign your name on the form and then return it to us in the envelope that came with this letter.

If you need any help filling out the form and mailing it back to us, you can call me at <phoneNumber> and I will be glad to help you!

I look forward to hearing from you.

Sincerely,

<caseworkername>

<officename>

# REQUEST FOR DETERMINATION OF ELIGIBILITY FOR SERVICES

## Information on APPLICANT (Person with Disabilities): [Please print the following information]

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
<i>Date of Birth</i>	<i>Gender</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Social Security No.</i>
<i>Address</i>		<i>City</i>
<i>State</i>	<i>Zip Code</i>	<i>Email Address</i>

I, the Applicant, understand that by signing below and returning this form I am officially requesting the Division of Services for People with Disabilities to collect information about me to see if I am eligible for services.

\_\_\_\_\_ and/or \_\_\_\_\_  
***Applicant's Signature*** ***Parent/Guardian's Signature*** ***Date***

## CONTACT PERSON (if different than Applicant):

<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Applicant</i>
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**Please return this form in the enclosed stamped envelope to start the eligibility process.  
If you need help completing this form, please contact (Worker Name) at (Worker Phone)  
from 9:00 a.m. to 5:00 p.m., Monday through Friday**